

944

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	1					
5	4					
6	4					
7	4					
8	4					
9	4					
10	1					
11						
12	4					
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TOTAL IND.	4					
TOTAL DEP.	38					
TOTAL CLAIMS	42					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
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